

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** *EXAMPLE:* Correct ● Incorrect ✗ ✓

MHSIP Consumer Survey*:

Please answer the following questions based on the **LAST 6 MONTHS** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree**, **Agree**, are **Neutral**, **Disagree**, or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

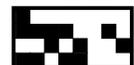
	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	<input type="radio"/>	<input type="radio"/>				
2. If I had other choices, I would still get services from this agency.	<input type="radio"/>	<input type="radio"/>				
3. I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>				
4. The location of services was convenient (parking, public transportation, distance, etc.).	<input type="radio"/>	<input type="radio"/>				
5. Staff were willing to see me as often as I felt it was necessary.	<input type="radio"/>	<input type="radio"/>				
6. Staff returned my calls within 24 hours.	<input type="radio"/>	<input type="radio"/>				
7. Services were available at times that were good for me.	<input type="radio"/>	<input type="radio"/>				
8. I was able to get all the services I thought I needed.	<input type="radio"/>	<input type="radio"/>				
9. I was able to see a psychiatrist when I wanted to.	<input type="radio"/>	<input type="radio"/>				
10. Staff here believe that I can grow, change and recover.	<input type="radio"/>	<input type="radio"/>				
11. I felt comfortable asking questions about my treatment and medication.	<input type="radio"/>	<input type="radio"/>				
12. I felt free to complain.	<input type="radio"/>	<input type="radio"/>				
13. I was given information about my rights.	<input type="radio"/>	<input type="radio"/>				
14. Staff encouraged me to take responsibility for how I live my life.	<input type="radio"/>	<input type="radio"/>				
15. Staff told me what side effects to watch out for.	<input type="radio"/>	<input type="radio"/>				
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	<input type="radio"/>	<input type="radio"/>				
17. I, not staff, decided my treatment goals.	<input type="radio"/>	<input type="radio"/>				
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	<input type="radio"/>	<input type="radio"/>				
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="radio"/>	<input type="radio"/>				
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	<input type="radio"/>	<input type="radio"/>				
As a direct result of the services I received:	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
21. I deal more effectively with daily problems.	<input type="radio"/>	<input type="radio"/>				
22. I am better able to control my life.	<input type="radio"/>	<input type="radio"/>				

*The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

CONTINUED ON NEXT PAGE...

--	--	--	--	--	--	--	--	--	--

CSI County Client Number
Must be entered on EVERY page



As a direct result of the services I received:

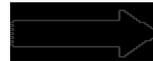
	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
23. I am better able to deal with crisis.	<input type="radio"/>					
24. I am getting along better with my family.	<input type="radio"/>					
25. I do better in social situations.	<input type="radio"/>					
26. I do better in school and /or work.	<input type="radio"/>					
27. My housing situation has improved.	<input type="radio"/>					
28. My symptoms are not bothering me as much.	<input type="radio"/>					
29. I do things that are more meaningful to me.	<input type="radio"/>					
30. I am better able to take care of my needs.	<input type="radio"/>					
31. I am better able to handle things when they go wrong.	<input type="radio"/>					
32. I am better able to do things that I want to do.	<input type="radio"/>					

For Questions #33-36, please answer for relationships with persons other than your mental health provider(s).

As a direct result of the services I received:

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
33. I am happy with the friendships I have.	<input type="radio"/>					
34. I have people with whom I can do enjoyable things.	<input type="radio"/>					
35. I feel I belong in my community.	<input type="radio"/>					
36. In a crisis, I would have the support I need from family or friends.	<input type="radio"/>					

CONTINUED ON NEXT PAGE...



--	--	--	--	--	--	--	--	--	--

CSI County Client Number
Must be entered on EVERY page



Please answer the following questions to let us know how you are doing.

1. Approximately, how long have you received services here?

- This is my first visit here.
- I have had more than one visit but I have received services for less than one month.
- 1 - 2 Months
- 3 - 5 Months
- 6 months to 1 year
- More than 1 year

Please answer Questions #2 - 4, below, if you have been receiving services for ONE YEAR OR LESS. If you have been receiving services for "MORE THAN ONE YEAR," please SKIP to Questions #5.

- 2. Were you arrested since you began to receive mental health services? Yes No
- 3. Were you arrested during the 12 months prior to that? Yes No
- 4. Since you began to receive mental health services, have your encounters with the police . . .
 - been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
 - stayed the same
 - increased
 - not applicable (I had no police encounters this year or last year)

SKIP to Question #8, below ↓

Please answer Questions #5 - 7 only if you have been receiving mental health services for "MORE THAN ONE YEAR."

- 5. Were you arrested during the last 12 months? Yes No
- 6. Were you arrested during the 12 months prior to that? Yes No
- 7. Over the last year, have your encounters with the police . . .
 - been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
 - stayed the same
 - increased
 - not applicable (I had no police encounters this year or last year)

Please answer the following questions to let us know a little about you.

- 8. What is your gender? Female Male Other
- 9. Are you of Mexican / Hispanic / Latino origin? Yes No Unknown
- 10. What is your race? (Please mark all that apply.)
 - American Indian / Alaskan Native
 - Asian
 - Black / African American
 - Native Hawaiian / Other Pacific Islander
 - White / Caucasian
 - Other
 - Unknown

CONTINUED ON NEXT PAGE...

--	--	--	--	--	--	--	--	--	--

CSI County Client Number
Must be entered on EVERY page



11. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

□□ - □□ - □□□□

0	○	○	○	○	○	○	○	○	○
1	○	○	○	○	○	○	○	○	○
2	○	○	○	○	○	○	○	○	○
3	○	○	○	○	○	○	○	○	○
4	○	○	○	○	○	○	○	○	○
5	○	○	○	○	○	○	○	○	○
6	○	○	○	○	○	○	○	○	○
7	○	○	○	○	○	○	○	○	○
8	○	○	○	○	○	○	○	○	○
9	○	○	○	○	○	○	○	○	○

EXAMPLE: Date of birth on April 30, 1967:

1. Write in your date of birth → **04 - 30 - 1967**

2. Fill in the corresponding circles

0	●	○	○	○	○	○	○	○	○
1	○	○	○	○	○	○	○	○	○
2	○	○	○	○	○	○	○	○	○
3	○	○	○	○	○	○	○	○	○
4	○	○	○	○	○	○	○	○	○
5	○	○	○	○	○	○	○	○	○
6	○	○	○	○	○	○	○	○	○
7	○	○	○	○	○	○	○	○	○
8	○	○	○	○	○	○	○	○	○
9	○	○	○	○	○	○	○	○	○

12. Were the services you received provided in the language you prefer? Yes No

13. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? Yes No

14. What was the primary reason you became involved with this program? (Mark one):

- I decided to come in on my own.
- Someone else recommended that I come in.
- I came in against my will.

15. Please identify who helped you complete any part of this survey (Mark all that apply):

- I did not need any help.
- A professional interviewer helped me.
- A mental health advocate / volunteer helped me.
- My clinician / case manager helped me.
- Another mental health consumer helped me.
- A staff member other than my clinician or case manager helped me.
- A member of my family helped me.
- Someone else helped me. Who?: _____

16. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback. Also, if there are areas which were not covered by this questionnaire which you feel should have been, please write them here. Thank you for your time and cooperation in completing this questionnaire.

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

REQUIRED Information:

County Code: □□

Date of Survey Administration:
□□ - □□ - □□□□

Reason (if applicable):

- Ref Imp Lan Oth

Make sure the same CSI County Client Number is written on all pages of this survey.

□□□□□□□□□□

CSI County Client Number
Must be entered on EVERY page

Optional County Questions:

Was this survey administered at home or in an office?
(Choose either 01 for Home or 02 for Office)

- 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Question #2 (mark only ONE bubble):

- 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Question #3 (mark only ONE bubble):

- 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Reporting Unit:

□□□□□□□□

37967

